

Youth's Name

CSW/DPO Name

Transitional Housing Placement Plus Foster Care (THP+FC) Application

THP+FC is a countywide transitional housing placement program for court Nonminor Dependents (NMDs) age 18 up to 21. The program provides a safe living arrangement and supportive services, so NMDs can practice the skills needed to live independently upon exiting foster care. **THP+FC is not intended to be used as an emergent or short term placement option.**

For THP+FC Placements within Los Angeles County:

1. CSW/DPO contact the THP+FC Agency directly to confirm openings

THP+FC Agency	Intake Person	Telephone and Fax numbers	Housing Located in SPAs
Aspiranet	Christine Periman, Core Program Director I	T: 310.535.1500 x5741 F: 562.497.7137	7 & 8
Bayfront Youth & Family Services	Pending	Pending	8
C.H.A.I.N. Reaction, Inc.	Jessica Saint-Paul, Executive Director	T: 310.428.1290 F: 310.590.4597	5, 6 & 8
David & Margaret	Marissa Scholefield, Transitional Living Program Manager	T: 909.596.5921 x3625 F: 909.912.8459	3
First Place for Youth	Kelsey Hopson-Shiller, Intake Specialist	T: 213.835.2706 F: 213.835.2720	3, 4, 6 & 8
First Steps for Youth	Dominica Agbabiaka, Director of External Affairs	T: 323.936.3854 F: 323.936.3432	1, 2, 4, 5 & 6
Olive Crest	Briana Wheat, Program Director	T: 562.977.6955 F: 562.461.2893	7
Penny Lane	Clemie Love, Case Manager	T: 818.892.3423 F: 818.893.4509	2
Renaissance	Chris Onyegbaduo, Executive Director	T: 323.935.1786 F: 323.935.5411	3, 6, 7 & 8
St. Anne's	Tony Weaver, Program Director	T: 213.381.2931 x401 F: 213.487.0163	4 (Only accepts pregnant and parenting females)
Walden	Karen Crossan, Program Director Miranda Kuhl, Intake Coordinator	T: 818.365.3665 F: 818.349.3636	1 & 2

2. CSW/DPO submits the following Intake Packet to the THP+FC Agency. An Intake Packet must be submitted to *each* THP+FC Agency the CSW/DPO is considering for placement of the NMD.

- | | |
|---|--|
| <input type="checkbox"/> THP+FC Application (pgs 2-4; NMD must complete) | <input type="checkbox"/> Status Review court report |
| <input type="checkbox"/> Case Plan | <input type="checkbox"/> Transitional Independent Living Plan (TILP) |
| <input type="checkbox"/> SOC 161 | <input type="checkbox"/> SOC 162 or 163 |

Some agencies may need additional documents to make an appropriate assessment.

3. Upon receipt of the Intake Packet, the THP+FC Agency will contact the CSW/DPO to request additional information and/or schedule an interview within 7 business days.

4. The THP+FC Agency will notify the CSW/DPO of NMD's acceptance or denial within 7 business days after the NMD has completed the interview process.

5. Upon placement, the agency must have the SOC 152 and the DCFS 709 or the previous Needs and Services Plan, if applicable.

For THP+FC Placements outside of Los Angeles County, complete and submit the DCFS 6081 per existing THP+FC Special Placement Procedures. **For all THP+FC related information, CSWs may contact their respective Service Bureau Liaisons or send an email to: thpplusfc@dcfs.lacounty.gov and DPOs may contact Diana Finks (213) 351-0216.**

Date received by agency :

To be completed by THP+FC agency

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(Please TYPE or PRINT your application)				DATE:			
Youth's Name:			Case Number #:				
Home #:		Cell#:		Other #:			
E-mail address:							
Current Address:							
City:		State:		Zip Code:			
Birthday:		Age:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Parenting: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name(s) and Date(s) of Birth							
<u>CAREGIVER/CASE MANAGER:</u>			<u>GROUP HOME NAME:</u>				
Name:		Relationship:					
Home #:		Work #:		Cell #:			
<u>PERMANENT ADULT CONNECTION: (Person Who Can Always Find You)</u>							
Name:		Relationship:					
Home #:		Work #:		Cell #:			
Address:							
City:		State:		Zip Code:			
<u>DCFS/PROBATION INFORMATION:</u>							
CSW/DPO:		Email:					
Office #:		Cell #:		Fax #:			
Office Name:							
SCSW/SDPO:		Office #:					
ILP/Transition Coordinator:							
<u>HEALTH CONDITIONS:</u>							
<u>Mental Health Diagnosis:</u>		List any mental health issues, past or present:					
<u>Therapist/Counselor Name:</u>							
Office #:		Fax #:		Cell #:			
<u>Medications:</u> (Please list all over-the-counter and prescription medication, including psychotropic medication you are currently taking)							

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EXTENDED FOSTER CARE ELIGIBILITY CRITERIA: (Attach SOC 161 to this application)					
Please select the criteria that apply:					
<input type="checkbox"/> Complete secondary education/equivalent credential					
<input type="checkbox"/> Enroll in post secondary/vocational education institution					
<input type="checkbox"/> Employed at least 80 hours per month					
<input type="checkbox"/> Participating in activity designed to promote or remove barriers to employment					
<input type="checkbox"/> Incapable of doing any above activities due to medical condition					
EDUCATION (Check the box for highest grade completed)					
<input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> HSD <input type="checkbox"/> GED					
Name of High School:			HS Graduation Date:		
College/Trade School attending or last attended: _____ Units completed: _____					
I have earned a(n): <input type="checkbox"/> AA/AS degree <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Other: _____ Explain: _____					
EMPLOYMENT INFORMATION:					
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete below					
How long have you been employed?		Name of company:			
Address: _____					
City: _____		State: _____		Zip code: _____	
Job position: _____					
Work schedule (Hours/Days): _____					
Supervisor's name: _____					
Earnings per hour: _____					
Previous work/volunteer experience <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of company:			Dates: _____		
Job/Volunteer position: _____					
LEGAL/GANG HISTORY:					
Are you or have you ever been on adult Probation/Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Probation/Parole office name: _____			Phone number: _____		
If you were/are on Probation/Parole, please explain the nature of the incident: _____					
Are you now or were you ever affiliated with a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What gang? _____		Current status: _____			

CSW/DPO Name

YOUTH'S PERSONAL STATEMENT
(Please Complete or Attach Your Personal Statement)

[illegible]

CSW/ DPO Signature: _____ Date: _____